



FORTUNA

GENERAL INSURANCE AGENCY

Lessor's Risk Supplemental Application

Named insured	
Location address	

Complex Information

Number of buildings within the complex?	
Approximate distance between buildings?	N/A <input type="checkbox"/>
Owner of property does NOT operate any of the businesses located on the premises	True <input type="checkbox"/> False <input type="checkbox"/>
All commercial tenants are required to carry insurance and the owner/manager obtains certificates of insurance from all commercial tenants as evidence of general liability	True <input type="checkbox"/> False <input type="checkbox"/>
Applicant has a lease in place with all occupants of the building	True <input type="checkbox"/> False <input type="checkbox"/>
How many years has the applicant been at current location?	
Lease provision requires tenant(s) to maintain general liability insurance with applicant listed as additional insured	True <input type="checkbox"/> False <input type="checkbox"/>
Lease requires tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice including: sidewalks, driveways, parking lots etc. If false, who is responsible?	True <input type="checkbox"/> False <input type="checkbox"/>

Building Systems

Does any part of the complex use fuses as over-current protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does building have FPE Stab-Lok type electrical panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is aluminum wiring present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the roof wood shake?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of roof cover is used? (asphalt, tile, slate, tar & gravel)	
In what year was the roof covering last replaced?	
Does the building have wood shake siding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fire Protection

Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage is covered?	N/A <input type="checkbox"/>
Does the building contain standpipes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are fire extinguishers present in all applicable areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Life Safety

Are smoke detectors battery operated or hardwired?	Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/>
Is there a fire alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it centrally monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is emergency lighting present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do living units discharge directly to outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, does the common area have two means of egress?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

